



## **Mental Health Division**

**Health and Recovery Services Administration**

# Service Encounter Reporting Instructions

Effective January 1, 2007



**This publication will supersede the previous Division of Mental Health Public Mental Health Service Reporting Manual, “Operations Manual”**

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Healthcare Common Procedures Code Set (HCPCS) is maintained and distributed by Center for Medicare and Medicaid Services (CMS). As stated in 42 CFR Sec. 414.40 (a) CMS establishes uniform national definitions of services, codes to represent services, and payment modifiers to the codes.

**Mandated Code Updates**

CPT and HCPCS are updated at least annually. These changes will be posted on the MHD website and incorporated into the MHD CIS code table.

**Data Dictionary Changes**

Changes to the MHD data dictionary are implemented within 120 days from the date of published changes. When changes are made to the Data Dictionary, at least one test batch of data containing the required changes described in the data dictionary must be submitted in accordance with contractual requirements.

**Contact Information**

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## Introduction

The Mental Health Division Service Encounter Reporting Instructions provide Regional Support Networks and their contracted Community Mental Health Agencies with basic, important information for reporting service encounters for individuals served through the Washington state public mental health system. These reporting instructions describe requirements and timelines for reporting service encounters and assignment of standardized nomenclature to accurately describe data routinely used in management of the public mental health system.

These instructions in conjunction with the Mental Health Division's Data Dictionary describe encounter reporting and coding guidelines, and the data elements required to be submitted by the Regional Support Networks to the Mental Health Division's Consumer Information System (CIS).

The service encounter reporting manual is divided into sections for service eligibility, when to report services, what encounters to report, general reporting instructions, guidelines for record documentation, and service descriptions. Each service description page includes the service definition, staff qualifications, provider types, guidelines, and CPT/HCPCS codes for the service description. See example below.

**SERVICE:** State Plan Modality or Non-Medicaid Service Title

<b>Description:</b> Definition of the service.			<b>Guidelines (Inclusions/Exclusions)</b> Provides additional information for the reporting of the encounter		
<b>STAFF QUALIFICATIONS:</b>					
<b>Modifier:</b> CPT/HCPCS Modifier and definition					
<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODE</b>	<b>Brief Narrative Description</b>	<b>Unit</b>
CPT/ HCPCS Code	Definition of service	Amount of time spent reported in minutes or as per diem	CPT/ HCPCS Code	Definition of service	Amount of time spent reported in minutes or as per diem

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## **Who is Eligible to Receive Public Mental Health Services**

All individuals who are within the State of Washington are eligible to receive crisis mental health, crisis stabilization and involuntary treatment services regardless of pay source.

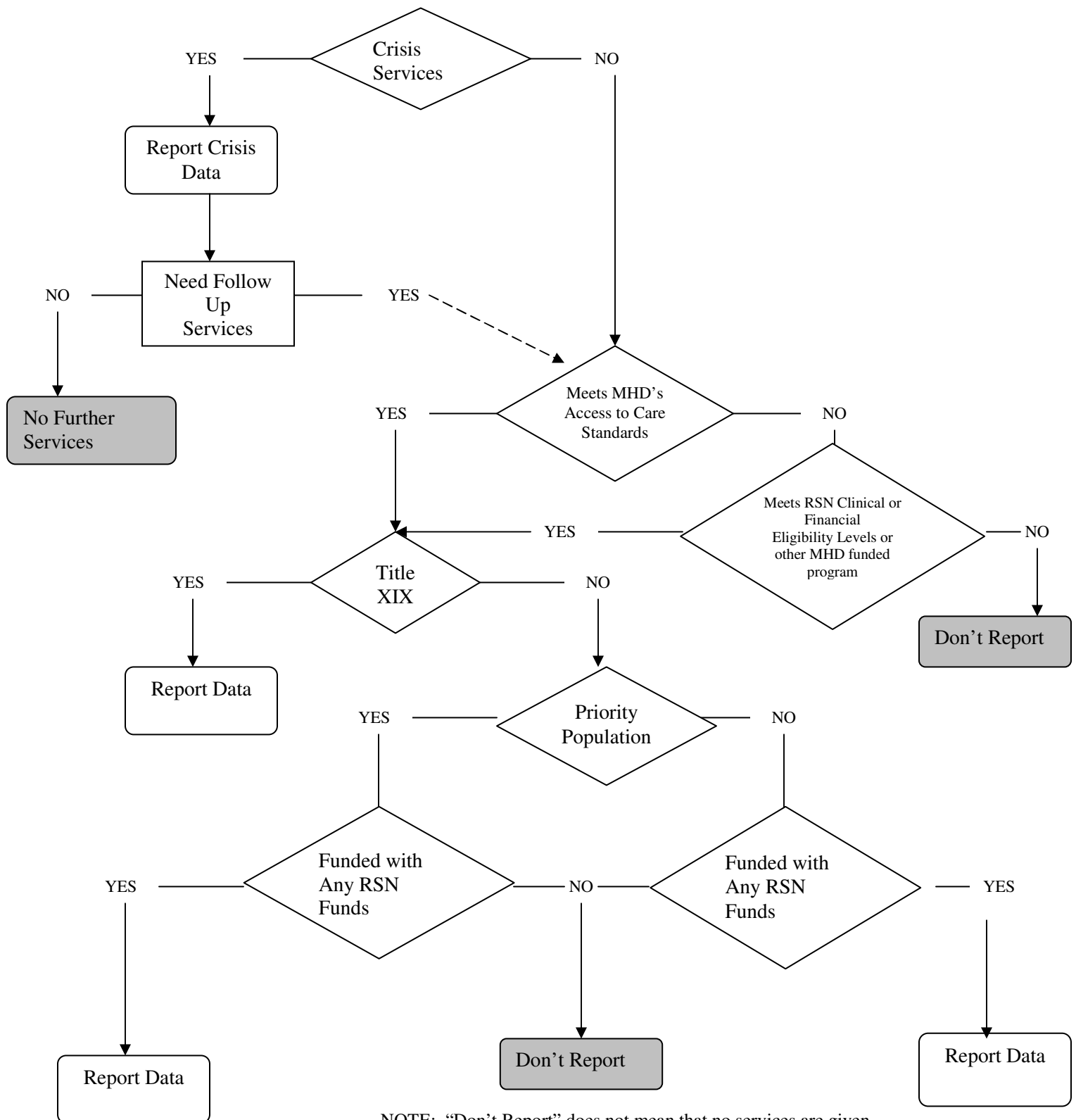
### **Medicaid:**

- Individuals who are Medicaid enrollees from any of the following programs or are members of any of the following groups are eligible for medically necessary mental health services:
  - Children and Related Poverty Level Populations (TANF/AFDC);  
Adults and Related Poverty Level Populations, including pregnant women (TANF/AFDC) *except for those women in the family planning waiver (program S, medical code P and Z)*;
  - Blind/Disabled Children or Adults and Related Populations (who qualify for SSI);
  - Aged and Related Populations;
  - Foster Care Children;
  - Title XXI SCHIP Children, targeted low income children who are eligible to participate in Medicaid;
  - Individuals with serious and persistent mental illness; and
  - Enrolled children with “D” coupons or other evidence of placement by DSHS, who currently reside in the Contractor’s service area without regard to the child’s original residence.

### **Non-Medicaid (State-Only):**

- Individuals who are not entitled to receive services under a Medicaid entitlement program are eligible for Non-Medicaid (state-only and federal block grant) medically necessary mental health services.

## When to Report Encounters to the state MHD/CIS



NOTE: "Don't Report" does not mean that no services are given.

## **What Encounters to Report:**

### **Includes:**

- State plan services provided to Medicaid eligible individuals.
- Non-covered/non-state plan services to Medicaid eligible individuals (i.e. State-Only or Federal block Grant).
- All services to non-Medicaid individuals who are funded in whole or part by the RSN.

### **Excludes:**

- Any service funded by other DSHS Administrations, such as Aging and Disability Services Administration, Children's Administration, and Health and Rehabilitative Services Administration ( previously Medical Assistance Administration),and Division of Alcohol and Substance Abuse.
- Services that are reimbursed in total by private insurance or other public insurance (e.g., Medicare, L&I and Crime Victims).

## **General Encounter Reporting Instructions:**

- 1) The Mental Health Division Consumer Information System (MHD CIS) is encounter tracking of services as defined by service descriptions in these instructions and codes utilized may not necessarily be the same codes required by other payors. MHD applies coding principles and guidelines for the assignment of codes to the extent possible and acknowledges there may be circumstances where a code used by mental health has been recodified from the code submitted to another payor.
- 2) Use of standardized coding nomenclature, i.e., CPT/HCPCS is required unless there is an RSN approved crosswalk between local codes and MHD designated code set.
- 3) Encounters are reported based on services provided to the individual client and not based on clinical staff hours.
- 4) CPT/HCPCS codes generally describe service encounters and sometimes specify ranges of minutes; MHD requires reporting of actual minutes of the service encounter unless the service is described as a per diem activity. Per Diem services are reported as "1" per day of service.
- 5) For CPT/HCPCS codes that specify a range of time, code assignment should closely correlate with the actual minutes and times listed (i.e., actual time spent is 35 minutes, and code choices are 25-30 minutes and 45-50 minutes, code assignment is to the lower amount. When actual time spent is less than any of the code choices, code assignment is to the initial amount of minutes) except for Evaluation and Management codes.
- 6) Evaluation and Management (E&M) codes identify levels of complexity in the delivery of care, to include history, examination and medical decision making to determine the code assignment and time is not usually a significant factor. Refer to the guidelines in CPT manual for further clarification.
- 7) Report multiple service encounters occurring on the same day when the encounters occur at different times or are provided by different staff. Exceptions to this guideline include:
  - a. Interpreter services on behalf of a client during an encounter.
  - b. Concurrent/auxiliary services provided with a per diem service.

- i. Some per diem codes allow additional concurrent / auxiliary encounters to be reported in the same day a per diem encounter is reported. See specific service descriptions for additional information for reporting concurrent or auxiliary encounters the same day as a per diem encounter.
- 8) Report only one encounter for an individual when more than one staff (i.e., co-therapy) is involved in the delivery of the service. The primary MHCP should document the service in the clinical record and report the encounter.
- 9) Report involvement of multiple staff for safety purposes with the modifier “UC” and the appropriate CPT/HCPCS code listed in the service description.
- 10) Documentation in clinical records must meet, at a minimum, the general encounter reporting requirements listed in the next section.
- 11) Intake evaluations that require more than one session to complete by a single clinician are coded with the applicable intake code and the modifier “53” to indicate the service was not completed. The final session to complete the intake is coded with applicable intake code without a modifier.
- 12) An addendum or update to an intake is reported as an Intake using appropriate CPT/HCPCS code with modifier “52” to indicate the service was not a complete intake, but a supplement to an existing document (NOTE: This is a 06-07 contract term: A new intake evaluation is not required if an intake was completed in the 12 months prior to the current request and medical necessity was established.)
- 13) When two clinicians (i.e., psychiatrist and MHP) conduct separate intakes, both encounters are reported.
- 14) Staff qualifications correlate with the Provider Types listed in the MHD CIS Data Dictionary and are included with each service description.

## **General Documentation Requirements for Encounter Reporting:**

At a minimum, the following information is required for documenting service encounters in progress notes:

- The record must be legible to someone other than the writer;
- Each printed page (front and back if two-sided) of the record must contain the individual’s name and agency record number;
- Clinical entries must include the:
  - author identification, which may be a handwritten signature or unique electronic identifier;
  - date of the service;
  - location of the service;
  - length of time; and
  - narrative description of the service provided as evidenced by sufficient documentation that can be translated to a service description title or code number (this may be standard CPT/HCPCS or local nomenclature with a RSN approved crosswalk).



## SERVICE: Brief Intervention Treatment

Description	Guidelines (Inclusions/Exclusions)										
<p>Solution-focused and outcomes-oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused or cognitive-behavioral model of treatment. Functional problems and/or needs identified in the Individual Service Plan must include a specific timeframe for completion of each identified goal. This service does not include ongoing care, maintenance/monitoring of the enrollee's current level of functioning and assistance with self/care or life skills training. Individuals may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care.</p>	<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>The following medically necessary state plan services that are provided as solution-focused and outcomes-oriented cognitive and behavioral interventions. <ul style="list-style-type: none"> <li>Individual Treatment Services</li> <li>Group Treatment</li> <li>Family Treatment</li> </ul> </li> <li>The modifier "UA" is added to the appropriate CPT/HCPCS code to identify the service is brief intervention treatment.</li> </ul> <p><u>Exclusions:</u></p>										
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>											
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ RN/LPN</td><td>▪ ARNP</td></tr> <tr> <td>▪ Psychiatrist/MD</td><td>▪ MA/PhD</td></tr> <tr> <td>▪ Below Masters Degree</td><td>▪ Other (clinical staff person)</td></tr> <tr> <td>▪ Mental Health Specialist</td><td>▪ Bachelor Level with Exception/Waiver</td></tr> <tr> <td>▪ Master Level with Exception/Waiver</td><td>▪ Certified Peer Counselor</td></tr> </table>	▪ RN/LPN	▪ ARNP	▪ Psychiatrist/MD	▪ MA/PhD	▪ Below Masters Degree	▪ Other (clinical staff person)	▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver	▪ Master Level with Exception/Waiver	▪ Certified Peer Counselor	
▪ RN/LPN	▪ ARNP										
▪ Psychiatrist/MD	▪ MA/PhD										
▪ Below Masters Degree	▪ Other (clinical staff person)										
▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver										
▪ Master Level with Exception/Waiver	▪ Certified Peer Counselor										
<p><b>MODIFIERS</b></p>											
<p>UA: WA State Medicaid Plan defined modifier to describe brief intervention treatment when added to the following identified CPT/HCPCS codes.</p>	<p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>The following definitions are provided for clarification of the Access to Care, Level I-Brief Intervention and the state plan service modality, Brief Intervention Treatment: <ul style="list-style-type: none"> <li>Access to Care Standards (ACS) <u>Level I-Brief Intervention</u> refers to a subset of modalities being offered from the State plan and a shorter duration for the authorization.</li> <li>State plan modality <u>Brief Intervention Treatment</u> is one clinical intervention that can be used when there is a Level I authorization and has specific expected outcomes.</li> </ul> </li> </ul>										

**SERVICE: Brief Intervention Treatment****(Continued)****CODING SUMMARY****INDIVIDUAL TREATMENT SERVICES**

H0004-UA	Behavioral health counseling	Per 15 Minutes	90813-UA	Ind psychotherapy, interactive / E&M	45-50 Minutes
H0036-UA	Community Psychiatric Support Treatment	Per 15 Minutes	90814-UA	Ind Psychotherapy, interactive, face to face	75-80 Minutes
H2014-UA	Skills Training	Minutes	90815-UA	Ind psychotherapy, interactive / E&M	75-80 Minutes
H2015-UA	Comprehensive community support services	Per 15 Minutes	99241-UA	Outpatient Consultation E/M, face to face	15 Minutes
H2017-UA	Psychosocial Rehab Services	Per 15 minutes	99242-UA	Outpatient Consultation E/M, face to face	30 Minutes
90804-UA	Ind Psychotherapy, face to face	20-30 minutes	99243-UA	Outpatient Consultation E/M, face to face	40 Minutes
90805-UA	Ind psychotherapy / E&M	20-30 minutes	99244-UA	Office consultation E/M, face to face	60 Minutes
90806-UA	Ind Psychotherapy, face to face	45-50 minutes	99245-UA	Office consultation E/M, face to face	80 Minutes
90807-UA	Ind psychotherapy / E&M	45-50 minutes	99251-UA	Initial inpatient consultations E/M, at bedside or on unit	20 minutes
90808-UA	Ind Psychotherapy, face to face	75-80 minutes	99252-UA	Initial inpatient consultations E/M, at bedside or on unit	40 minutes
90809-UA	Ind psychotherapy / E&M	75-80 minutes	99253-UA	Initial inpatient consultations E/M, at bedside or on unit	55 minutes
90810-UA	Ind Psychotherapy, interactive, face to face	20-30 Minutes	99254-UA	Initial inpatient consultations E/M, at bedside or on unit	80 minutes
90811-UA	Ind psychotherapy, interactive / E&M	20-30 Minutes	99255-UA	Initial inpatient consultations E/M, at bedside or on unit	110 minutes
90812-UA	Ind Psychotherapy, interactive, face to face	45-50 Minutes			

**Family Treatment Services**

90846-UA	Family therapy without patient	Minutes	90847-UA	Family therapy with patient	Minutes
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**Group Treatment Services**

90849-UA	Multiple-family group psychotherapy	Minutes	90857-UA	Interactive group psychotherapy	Minutes
90853-UA	Group psychotherapy	Minutes			

**SERVICE: Crisis Services**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)														
<p>Evaluation and treatment of mental health crisis to all individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation.</p> <p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p> <p>Report encounter with one of following provider types:</p> <table><tr><td>▪ RN/LPN</td><td>▪ ARNP</td></tr><tr><td>▪ Psychiatrist/MD</td><td>▪ MA/PhD</td></tr><tr><td>▪ Below Masters Degree</td><td>▪ Other (clinical staff person)</td></tr><tr><td>▪ Mental Health Specialist</td><td>▪ Bachelor Level with Exception/Waiver</td></tr><tr><td>▪ Master Level with Exception/Waiver</td><td>▪ Designated Mental Health Professional</td></tr><tr><td>▪ Certified Peer Counselor</td><td></td></tr></table>			▪ RN/LPN	▪ ARNP	▪ Psychiatrist/MD	▪ MA/PhD	▪ Below Masters Degree	▪ Other (clinical staff person)	▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver	▪ Master Level with Exception/Waiver	▪ Designated Mental Health Professional	▪ Certified Peer Counselor		<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Services may be provided prior to intake evaluation.</li><li>• Emergent care within 2 hours of the request for service.</li><li>• Urgent care within 24 hours of the request for service.</li><li>• Services do not have to be provided face to face.</li><li>• Crisis Hotline services (H0030)</li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• Community debriefing that occurs after a community disaster or crisis.</li></ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"><li>• The modifier (UC) is added to the service code when services provided involve multiple staff for safety purposes.</li></ul>		
			▪ RN/LPN	▪ ARNP													
			▪ Psychiatrist/MD	▪ MA/PhD													
			▪ Below Masters Degree	▪ Other (clinical staff person)													
▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver																
▪ Master Level with Exception/Waiver	▪ Designated Mental Health Professional																
▪ Certified Peer Counselor																	
MODIFIERS																	
UC: WA State MHD defined to indicate provision of service by multiple staff as needed for safety purposes. This modifier is used in combination with H2011.																	
CODING SUMMARY																	
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit												
H2011	Crisis intervention	Minutes															
H0030	Crisis Hotline	Minutes															

## SERVICE: Day Support

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)								
<p>An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living (See notes). This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a mental health professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Service available at least 5 hours per day, 5 days per week.</li><li>• Service available in easily accessible locations (e.g., community mental health agencies, clubhouses, community centers).</li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• Programs with less service availability.</li></ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"><li>• Instrumental activities of daily living are defined by CMS as activities related to independent living. This includes, but not limited to preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework and using a telephone.</li></ul>								
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP); or staff supervised by a MHP.</p>											
<p>Report encounter with one of following provider types:</p> <table><tr><td>▪ Below Masters Degree</td><td>▪ Other (clinical staff person)</td></tr><tr><td>▪ Mental Health Specialist</td><td>▪ Bachelor Level with Exception/Waiver</td></tr><tr><td>▪ Master Level with Exception/Waiver</td><td>▪ Certified Peer Counselor</td></tr></table>						▪ Below Masters Degree	▪ Other (clinical staff person)	▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver	▪ Master Level with Exception/Waiver	▪ Certified Peer Counselor
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▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver										
▪ Master Level with Exception/Waiver	▪ Certified Peer Counselor										
<p><b>MODIFIERS</b></p>											
<p>None</p>											
<p><b>CODING SUMMARY</b></p>											
<p><b>CODES</b></p>	<p><b>Brief Narrative Description</b></p>	<p><b>Unit</b></p>	<p><b>CODES</b></p>	<p><b>Brief Narrative Description</b></p>	<p><b>Unit</b></p>						
<p>H2012</p>	<p>Behavioral health day treatment</p>	<p>Minutes</p>									

**SERVICE: Family Treatment**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)												
<p>Psychological counseling provided for the direct benefit of an individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the client and his/her family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in his/her individual service plan.</p> <p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p> <p>Report encounter with one of following provider types:</p> <table><tr><td>▪ RN/LPN</td><td>▪ ARNP</td></tr><tr><td>▪ Psychiatrist/MD</td><td>▪ MA/PhD</td></tr><tr><td>▪ Below Masters Degree</td><td>▪ Other (clinical staff person)</td></tr><tr><td>▪ Master Level with Exception/Waiver</td><td>▪ Bachelor Level with Exception/Waiver</td></tr><tr><td>▪ Mental Health Specialist</td><td></td></tr></table>			▪ RN/LPN	▪ ARNP	▪ Psychiatrist/MD	▪ MA/PhD	▪ Below Masters Degree	▪ Other (clinical staff person)	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Mental Health Specialist		<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Provided with family members and/or other relevant persons in attendance as active participants.</li><li>• May be provided without the consumer present in the room.</li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• Marriage Counseling.</li></ul> <p><u>Notes:</u></p>		
			▪ RN/LPN	▪ ARNP											
			▪ Psychiatrist/MD	▪ MA/PhD											
▪ Below Masters Degree	▪ Other (clinical staff person)														
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver														
▪ Mental Health Specialist															
<p><b>MODIFIERS</b></p>															
<p><b>CODING SUMMARY</b></p>															
<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>										
90846	Family therapy without patient	Minutes	90847	Family therapy with patient	Minutes										

## SERVICE: Freestanding Evaluation and Treatment Services

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>Services provided in freestanding inpatient residential (non-hospital/non-IMD for Medicaid and non-hospital for Non-Medicaid) facilities licensed by the Department of Health and certified by the Mental Health Division to provide medically necessary evaluation and treatment to the individual who would otherwise meet hospital admission criteria. These are not-for-profit organizations. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to; performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.</p> <p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p> <p>▪ N/A</p> <p><b>MODIFIERS</b></p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• 24 hours per day/ 7 days per week availability.</li><li>• Involuntary treatment services.</li><li>• Nursing care.</li><li>• Treatment modalities such as individual and family therapy, milieu therapy, psycho educational groups and pharmacology.</li><li>• The following concurrent/auxiliary services may be reported after admission when the staff providing the service is not assigned to the facility:<ul style="list-style-type: none"><li>○ Rehabilitation Case Management</li><li>○ Peer Support</li></ul></li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• Evaluation and treatment services provided within a hospital.</li></ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"><li>• Report N/A for Provider Type when service encounter is a per diem code.</li></ul>		
			<ul style="list-style-type: none"><li>• Freestanding E&amp;T services in a facility meeting the definition of an IMD are funded by Non-Medicaid resources. This includes E&amp;T services provided to individuals with Medicaid as the pay source.</li></ul>		
			<ul style="list-style-type: none"><li>• <b>E&amp;T services will continue to be reported through the 837I HIPAA transaction as an episode of care.</b></li></ul>		
			<ul style="list-style-type: none"><li>• <b>For purposes of reporting service utilization, E&amp;T services will be codified to H2013.</b></li></ul>		
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
H2013	Psychiatric health facility service	Per Diem			

## SERVICE: Group Treatment

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
Services provided to individuals designed to assist in the attainment of goals described in the Individual Service Plan. Goals of Group Treatment may include developing self care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/ psychotherapy to establish and /or maintain stability in living, work or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of others’ right to confidential treatment and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a mental health professional to two or more individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.			<u>Inclusions:</u> <ul style="list-style-type: none"><li>Service provided to a minimum of two enrollees and a maximum of twenty-four enrollees at the same time.</li></ul> <u>Exclusions:</u> <ul style="list-style-type: none"><li>Services conducted over speakerphone.</li></ul> <u>Notes:</u>		
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.					
Report encounter with one of following provider types: <ul style="list-style-type: none"><li>RN/LPN</li><li>Psychiatrist/MD</li><li>Below Masters Degree</li><li>Master Level with Exception/Waiver</li><li>Other (clinical staff person)</li><li>ARNP</li><li>MA/PhD</li><li>Mental Health Specialist</li><li>Bachelor Level with Exception/Waiver</li></ul>					
MODIFIERS					
None					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
90849	Multiple-family group psychotherapy	Minutes	90857	Interactive group psychotherapy	Minutes
90853	Group psychotherapy	Minutes			

# **SERVICE: Testimony: Hearing for Involuntary Treatment Services**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
Court testimony provided about an individual who has been investigated and detained by a Designated Mental Health Professional.			<u>Inclusions:</u> <ul style="list-style-type: none"><li>• LRA revocation.</li><li>• Service by staff employed by the Mental Health system</li><li>• Can be provided before intake evaluation.</li></ul> <u>Exclusions:</u> <ul style="list-style-type: none"><li>• Staff accompanying an individual to court proceedings that are not related to ITA activity (i.e., providing advocacy) is reported under individual treatment services.</li><li>• Emergency room physician / staff not employed by the Community Mental Health Agency/RSN).</li></ul> <u>Notes:</u> <ul style="list-style-type: none"><li>• Report testimony as service encounter with code 99075-H9</li><li>• Report actual minutes of testimony and not wait time.</li><li>• The hearing will continue to be reported as a non-HIPAA transaction. Transition to a standard HIPAA transaction is planned as part of the preparation for Provider One.</li></ul>		
<b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.					
Report encounter with one of following provider types: <ul style="list-style-type: none"><li>▪ RN/LPN</li><li>▪ Psychiatrist/MD</li><li>▪ Below Masters Degree</li><li>▪ Master Level with Exception/Waiver</li><li>▪ Other (clinical staff person)</li><li>▪ ARNP</li><li>▪ MA/PhD</li><li>▪ Mental Health Specialist</li><li>▪ Bachelor Level with Exception/Waiver</li><li>▪ Designated Mental Health Professional</li></ul>					
<b>MODIFIERS</b>					
H9: Modifier in combination with CPT code 99075 to indicate medical testimony provided as part of an involuntary treatment service.					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Units
99075	Medical Testimony	Minutes			

Revised 11/17/06



**SERVICE: High Intensity Treatment**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)												
<p>Intensive levels of service otherwise furnished under this State plan amendment that is provided to individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individuals' needs. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or residential placement.</p> <p>The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant persons as determined by the individual (e.g., family, guardian, friends, neighbor). Other community agency members may include probation/parole officers, teacher, minister, physician, chemical dependency counselor, etc. Team member's work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual allowing for the prompt assessment for needed modifications to the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15.</p>	<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Access to a multidisciplinary team is available 24 hours per day/7 days per week.</li> <li>• Concurrent or auxiliary services may be provided by staff who are not part of the team to include: <ul style="list-style-type: none"> <li>• Medication management</li> <li>• Day support</li> <li>• Psychological assessment</li> <li>• Special population evaluation</li> <li>• Therapeutic psychoeducation</li> <li>• Crisis</li> </ul> </li> </ul> <p><u>Exclusions:</u></p> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Report N/A for Provider Type when service encounter is a per diem code.</li> </ul>												
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>													
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ RN/LPN</td><td>▪ ARNP</td></tr> <tr> <td>▪ Psychiatrist/MD</td><td>▪ MA/PhD</td></tr> <tr> <td>▪ Below Masters Degree</td><td>▪ Certified Peer Counselor</td></tr> <tr> <td>▪ Mental Health Specialist</td><td>▪ Bachelor Level with Exception/Waiver</td></tr> <tr> <td>▪ Master Level with Exception/Waiver</td><td>▪ Other (clinical staff person)</td></tr> <tr> <td></td><td>▪ N/A</td></tr> </table>	▪ RN/LPN	▪ ARNP	▪ Psychiatrist/MD	▪ MA/PhD	▪ Below Masters Degree	▪ Certified Peer Counselor	▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver	▪ Master Level with Exception/Waiver	▪ Other (clinical staff person)		▪ N/A	
▪ RN/LPN	▪ ARNP												
▪ Psychiatrist/MD	▪ MA/PhD												
▪ Below Masters Degree	▪ Certified Peer Counselor												
▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver												
▪ Master Level with Exception/Waiver	▪ Other (clinical staff person)												
	▪ N/A												
<p><b>MODIFIERS</b></p>													
<p>None</p>													

**SERVICE: High Intensity Treatment****(Continued)**

CODING SUMMARY						
	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit	
S9480	Intensive OP Psychiatric Services	Per Diem	H2022	Community based wrap around	Per Diem	
H0040	Assertive Community Treatment	Per Diem	H2033	Multisystemic therapy, children	Minutes	

## SERVICE: Individual Treatment Services

DESCRIPTION	GUIDELINES (Inclusions/Exclusions)										
<p>A set of treatment services designed to help a Medicaid-enrolled individual attain goals as prescribed in his/her individual service plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual’s behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include developing the individual’s self-care/life skills; monitoring the individual’s functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid-enrolled individual. This service is provided by or under the supervision of a mental health professional.</p>	<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Telephone calls to an external entity (including a pharmacy) on behalf of the person when placed by an appropriately credentialed staff</li><li>• Report writing (e.g., extraordinary report writing, as defined by court reports, reports to DSHS).</li><li>• Educational support services (i.e., school coaching, school readiness, support counseling)</li><li>• Services are offered at the location preferred by the enrollee.</li><li>• Specialist consultation between the specialist and the clinician.</li><li>• Advocacy during court proceeding (does not include testimony during ITA hearing).</li><li>• Testimony during court proceeding (does not include testimony during ITA hearing)</li><li>• Representative payee services that involve money management training directly with the person.</li><li>• Assistance in completing Telesage survey</li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• Calling in refills to pharmacies and filling out medication packs without the client present.</li><li>• Supported employment services (report under B3 service, Supported Employment)</li><li>• Normally required documentation</li><li>• Representative payee services that do not directly include the enrollee (e.g., paying bills on behalf of the enrollee)</li><li>• Testimony during an ITA hearing</li></ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"><li>• Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT requirements.</li></ul>										
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>											
<p>Report encounter with one of following provider types listed under each set of codes:</p>											
<p><u>H0004, H0036, H2014, H2015, H2017, 99075, 90889:</u></p> <table><tr><td>▪ RN/LPN</td><td>▪ ARNP</td></tr><tr><td>▪ Psychiatrist/MD</td><td>▪ MA/PhD</td></tr><tr><td>▪ Below Masters Degree</td><td>▪ Mental Health Specialist</td></tr><tr><td>▪ Master Level with Exception/Waiver</td><td>▪ Bachelor Level with Exception/Waiver</td></tr><tr><td>▪ Other (clinical staff person)</td><td>▪ Certified Peer Counselor</td></tr></table>		▪ RN/LPN	▪ ARNP	▪ Psychiatrist/MD	▪ MA/PhD	▪ Below Masters Degree	▪ Mental Health Specialist	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Other (clinical staff person)	▪ Certified Peer Counselor
▪ RN/LPN		▪ ARNP									
▪ Psychiatrist/MD	▪ MA/PhD										
▪ Below Masters Degree	▪ Mental Health Specialist										
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver										
▪ Other (clinical staff person)	▪ Certified Peer Counselor										
<p><u>90804, 90806, 90808, 90810, 90812, 90814, 90816, 90818, 90821, 90823, 90826, 90828:</u></p> <table><tr><td>▪ RN/LPN</td><td>▪ ARNP</td></tr><tr><td>▪ Psychiatrist/MD</td><td>▪ MA/PhD</td></tr></table>	▪ RN/LPN	▪ ARNP	▪ Psychiatrist/MD	▪ MA/PhD							
▪ RN/LPN	▪ ARNP										
▪ Psychiatrist/MD	▪ MA/PhD										
<p><u>90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, 90829, 99241-99245, 99251-99255:</u></p> <table><tr><td>▪ Psychiatrist/MD</td><td>▪ ARNP</td></tr></table>	▪ Psychiatrist/MD	▪ ARNP									
▪ Psychiatrist/MD	▪ ARNP										
<p><b>MODIFIERS</b></p>											
<p>UC modifier is added to H0036 when services provided involve multiple staff for safety purposes.</p>											

**SERVICE: Individual Treatment Services****(Continued)****CODING SUMMARY**

<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>
H0004	Behavioral health counseling	Minutes	90818	Ind Psychotherapy, IP or Residential, 45-50 minutes, face to face	45-50 minutes
H0036	Community Psychiatric Support Treatment	Minutes	90819	Inpt, partial hospital, residential care facility	45-50 min
H2014	Skills Training	Minutes	90821	Inpt, partial hospital, residential care facility	75-80 min
H2015	Comprehensive community support services	Minutes	90823	Ind Psychotherapy, interactive IP or Residential, 20-30 minutes, face2 face	20-30 minutes
H2017	Psychosocial Rehab Services	Minutes	90824	Interactive psychotherapy / E&M	20-30 min
99075	Testimony (excludes medical testimony for ITA Services)	Minutes	90826	Ind Psychotherapy, interactive IP or Residential, 45-50 minutes, face2 face	45-50 minutes
90804	Ind Psychotherapy, face to face	20-30 minutes	90827	Interactive psychotherapy / E&M	45-50 min
90805	Ind psychotherapy / E&M	20-30 minutes	90828	Ind Psychotherapy, interactive IP or Residential, 75-80 minutes, face2 face	45-50 minutes
90806	Ind Psychotherapy, face to face	45-50 minutes	90829	Interactive psychotherapy / E&M	75-80 min
90807	Ind psychotherapy / E&M	45-50 minutes	99241	Outpatient Consultation, E/M face to face	15 Minutes
90808	Ind Psychotherapy, face to face	75-80 minutes	99242	Outpatient Consultation, E/M face to face	30 Minutes
90809	Ind psychotherapy / E&M	75-80 minutes	99243	Outpatient Consultation, E/M face to face	40 Minutes
90810	Ind Psychotherapy, interactive, face to face	20-30 Minutes	99244	Office consultation, E/M face to face	60 Minutes
90811	Ind psychotherapy, interactive / E&M	20-30 Minutes	99245	Office consultation, E/M face to face	80 Minutes
90812	Ind Psychotherapy, interactive, face to face	45-50 Minutes	99251	Initial inpatient consultations, E/M at bedside or on unit	20 minutes
90813	Ind psychotherapy, interactive / E&M	45-50 Minutes	99252	Initial inpatient consultations, E/M at bedside or on unit	40 minutes
90814	Ind Psychotherapy, interactive, face to face	75-80 Minutes	99253	Initial inpatient consultations, E/M at bedside or on unit	55 minutes
90815	Ind psychotherapy, interactive / E&M	75-80 Minutes	99254	Initial inpatient consultations, E/M at bedside or on unit	80 minutes
90816	Ind Psychotherapy, IP or Residential, 20-30 minutes, face to face	20-30 minutes	99255	Initial inpatient consultations, E/M at bedside or on unit	110 minutes
90817	Inpt, partial hospital, residential care facility	20-30 min	90889	Preparation of report (other than for legal or consultative purposes)	Minutes

*Revised 11/17/2006*

**SERVICE: Intake**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.	<u>Inclusions:</u> <ul style="list-style-type: none"><li>• Minimum service benefit for persons with Medicaid.</li><li>• Initiated within 10 working days of the request for services.</li></ul> <u>Exclusions:</u> <ul style="list-style-type: none"><li>• Screening activities done by a non-Mental Health Professional.</li></ul> <u>Notes:</u> <ul style="list-style-type: none"><li>• An intake must be initiated prior to provision of mental health services except for:<ul style="list-style-type: none"><li>○ Crisis (including investigations and hearings);</li><li>○ Stabilization;</li><li>○ Free Standing E &amp; T Services; or</li><li>○ Rehabilitation Case Management.</li></ul></li><li>• A new intake evaluation is not required if an intake was completed in the 12 months prior to the current request and medical necessity was established. The previously completed intake may be used to authorize care (06-07 Contract).<ul style="list-style-type: none"><li>○ An update or addendum to the intake that addresses all pertinent areas is completed, and modifier “52” added to appropriate CPT/HCPCS code to report the encounter.</li></ul></li><li>• The WAC requires the completion of an intake within 14 days. The State Plan allows 30 days to complete an intake. The more stringent requirement of 14 days is upheld (EXCEPTION when there is a documented reason for delay).</li><li>• Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT requirements.</li></ul>
<b>STAFF QUALIFICATIONS:</b> Mental Health Professional	
All intakes must be performed by individuals who meet WAC definition for Mental Health Professional to include the following provider types:  <u>H0031:</u> <ul style="list-style-type: none"><li>▪ RN/LPN</li><li>▪ Mental Health Specialist</li><li>▪ Bachelor Level with Exception/Waiver</li></ul> <ul style="list-style-type: none"><li>▪ ARNP</li><li>▪ MA/PhD</li><li>▪ Master Level with Exception/Waiver</li></ul> <u>90801-90802:</u> <ul style="list-style-type: none"><li>▪ Psychiatrist/MD</li><li>▪ MA/PhD</li></ul> <ul style="list-style-type: none"><li>▪ ARNP</li></ul> <u>99201-99205, 99304-99306, 99324-99328:</u> <ul style="list-style-type: none"><li>▪ Psychiatrist/MD</li></ul> <ul style="list-style-type: none"><li>▪ ARNP</li></ul>	
<b>MODIFIERS</b>	
53: Modifier identifies when an intake has not been completed during a scheduled session.  52: Modifier identifies when a complete intake is not performed, i.e., update or addendum to previous intake.	

**SERVICE: Intake****(Continued)****CODING SUMMARY**

<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>
H0031	MH Assessment, nonphysician	Minutes	99304-	Psychiatric Residential Services: New Patient (Low severity)	Minutes
90801	Psychiatric diagnostic interview	Minutes	99305	Psychiatric Residential Services: New Patient (Moderate severity)	Minutes
90802	Interactive psychiatric diagnostic interview	Minutes	99306	Psychiatric Residential Services: New Patient (High severity)	Minutes
99201	Outpatient E/M: New patient	10 min	99324	Boarding Home Services E/M: New Patient	20 min
99202	Outpatient E/M: New patient	20 min	99325	Boarding Home Services E/M: New patient	30 min
99203	Outpatient E/M: New patient	30 min	99326	Boarding Home Services E/M: New patient	45 min
99204	Outpatient E/M: New patient	45 min	99327	Boarding Home Services E/M: New patient	60 min
99205	Outpatient E/M: New patient	60 min	99328	Boarding Home Services E/M: New patient	75 min

Revised 11/17/2006

**SERVICE: Integrated Substance Abuse Mental Health Assessment**

[illegible]

Revised 11/17/2006

**SERVICE: Integrated Substance Abuse Mental Health Screening**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
An initial screening to determine possible chemical dependency and mental health treatment needs utilizing the GAIN-SS, version 2.0.1.			<u>Inclusions:</u>          <u>Exclusions:</u>          <u>Notes:</u>		
<b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.					
Report encounter with one of following provider types: <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> <li>▪ RN/LPN</li> <li>▪ Psychiatrist/MD</li> <li>▪ Below Masters Degree</li> <li>▪ Master Level with Exception/Waiver</li> </ul> <ul style="list-style-type: none"> <li>▪ ARNP</li> <li>▪ MA/PhD</li> <li>▪ Other</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ Designated Mental Health Professional</li> </ul> </div>					
<b>MODIFIERS</b>					
HH: Modifier identifies integrated substance abuse/mental health program					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
H0002	Behavioral health screening to determine eligibility	Minutes			

Revised 11/17/2006



**SERVICE: Interpreter Services**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)					
<p>Sign language, oral interpretative services provided to assist in the delivery of care.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Interpretation/translation provided by staff not employed by the CMHA.</li><li>• Interpretation/translation provided by staff employed by the CMHA, who is not the primary mental health care provider.</li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• Services provided by a mental health care provider who is bilingual and does not require separate interpretation or translation.</li></ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"><li>• Interpreter services are provided concurrently with another clinical service.</li><li>• Documentation by the clinician to include, at a minimum, notation that interpretative services were utilized during the session and the name of the interpreter,</li><li>• Documentation from the interpreter is <b>not</b> required in the clinical file.</li></ul>					
						STAFF QUALIFICATIONS: (Interpreter)		
						Report encounter with one of following provider types:		
<div><div><ul style="list-style-type: none"><li>▪ RN/LPN</li><li>▪ Psychiatrist/MD</li><li>▪ Below Masters Degree</li><li>▪ Master Level with Exception/Waiver</li><li>▪ Other</li></ul></div><div><ul style="list-style-type: none"><li>▪ ARNP</li><li>▪ MA/PhD</li><li>▪ Mental Health Specialist</li><li>▪ Bachelor Level with Exception/Waiver</li><li>▪ N/A</li></ul></div></div>								
MODIFIERS								
CODING SUMMARY								
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit			
T1013	Sign or oral interpretative services	Minutes						

**SERVICE: Involuntary Treatment Investigation**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>An evaluation/assessment by a designated mental health professional for the purpose of determining the likelihood of serious harm to self, others or gravely disabled due to a mental disorder.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>Service is available to all individuals, regardless of pay source.</li></ul>		
			<p><u>Exclusions:</u></p>		
			<p><u>Notes: (For Future Implementation)</u></p> <ul style="list-style-type: none"><li>This service will continue to be reported as a non-HIPAA transaction. Transition to a standard HIPAA transaction with assigned CPT code S9484 is planned as part of the preparation for Provider One.</li></ul>		
<p><b>STAFF QUALIFICATIONS:</b> Designated Mental Health Professional</p>					
<p>Report encounter with the following provider type:</p> <ul style="list-style-type: none"><li>Designated Mental Health Professional</li></ul>					
<p><b>MODIFIERS</b></p>					
<p>UC: WA State MHD defined to indicate provision of service by multiple staff as needed for safety purposes. This modifier is used in combination with S9484.</p>					
<p><b>CODING SUMMARY</b></p>					
<p><b>CODES</b></p>	<p><b>Brief Narrative Description</b></p>	<p><b>Unit</b></p>	<p><b>CODES</b></p>	<p><b>Brief Narrative Description</b></p>	<p><b>Unit</b></p>
<p>S9484</p>	<p>Crisis Intervention</p>	<p>Minutes</p>			

*Revised 11/17/2006*

**SERVICE: Medication Management**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.			<u>Inclusions:</u> <ul style="list-style-type: none"><li>Service rendered face-to-face by a person licensed to perform such services.</li><li>Consultation with collaterals, primary therapists, and/or case managers.</li><li>Minimal psychotherapy services may be provided.</li></ul> <u>Exclusions:</u>  <u>Notes:</u> <ul style="list-style-type: none"><li>Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT requirements.</li></ul>		
STAFF QUALIFICATIONS (Provider Type)					
Report encounter with one of following provider types listed under each set of codes: <u>T1001:</u> <ul style="list-style-type: none"><li>Psychiatrist/MD</li><li>RN/LPN</li></ul> <u>90772:</u> <ul style="list-style-type: none"><li>ARNP</li><li>Psychiatrist/MD</li></ul> <u>90862:</u> <ul style="list-style-type: none"><li>Psychiatrist/MD</li></ul> <u>M0064:</u> <ul style="list-style-type: none"><li>Psychiatrist/MD</li></ul> <u>99211-99215, 99307-99310, 99334-99337:</u> <ul style="list-style-type: none"><li>Psychiatrist/MD</li></ul>					
MODIFIERS					
None					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
90862	Pharmacologic management	Minutes	99307	Nursing facility E/M (Psychiatric residential services)	Minutes
90772	Injection Administration	Minutes	99308	Nursing facility E/M (Psychiatric residential services)	Minutes
M0064	Visit for monitoring or changing prescriptions	Minutes	99309	Nursing facility E/M (Psychiatric residential services)	Minutes
T1001	Nursing Assessment	Minutes	99310	Nursing facility E/M (Psychiatric residential services)	Minutes
99211	Outpatient visit E/M: established patient	5 Min	99334	Boarding home services E/M	15 Min
99212	Outpatient visit E/M : established patient	10 Min	99335	Boarding home services E/M	25 Min
99213	Outpatient visit E/M: established patient	15 Min	99336	Boarding home services E/M	40 Min
99214	Outpatient visit E/M: established patient	25 Min	99337	Boarding home services E/M	60 Min
99215	Outpatient visit E/M: established patient	40 Min			

*Revised 11/17/2006*

**SERVICE: Medication Monitoring**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)									
<p>Face-to-face one-on-one cueing, observing, and encouraging an individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Individuals with low medication compliance history or persons newly on medication are most likely to receive this service.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Face-to-face, one on one cueing and observing enrollee’s take prescribed medications.</li><li>• Reporting back to persons licensed to perform medication management services.</li><li>• Service provided at any location for as long as deemed clinically necessary.</li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• When medical staff puts together a medication pack for a person and leaves it at the front desk with no face-to-face with the person.</li><li>• Calling in prescriptions</li></ul> <p><u>Notes:</u></p>									
			<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>									
			<p>Report encounter with one of following provider types:</p> <table><tr><td>▪ RN/LPN</td><td>▪ ARNP</td></tr><tr><td>▪ Psychiatrist/MD</td><td>▪ MA/PhD</td></tr><tr><td>▪ Below Masters Degree</td><td>▪ Other</td></tr><tr><td>▪ Mental Health Specialist</td><td>▪ Bachelor Level with Exception/Waiver</td></tr><tr><td>▪ Master Level with Exception/Waiver</td><td>▪ Certified Peer Counselor</td></tr></table>			▪ RN/LPN	▪ ARNP	▪ Psychiatrist/MD	▪ MA/PhD	▪ Below Masters Degree	▪ Other	▪ Mental Health Specialist
▪ RN/LPN	▪ ARNP											
▪ Psychiatrist/MD	▪ MA/PhD											
▪ Below Masters Degree	▪ Other											
▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver											
▪ Master Level with Exception/Waiver	▪ Certified Peer Counselor											
MODIFIERS												
CODING SUMMARY												
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit							
H0033	Oral medication administration with direct observation	Minutes	H0034	Medication training & support	Minutes							

**SERVICE: Mental Health Clubhouse**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>A service specifically contracted by the PIHP to provide a consumer directed program to Medicaid enrollees where they receive multiple services. These services may be in the form of support groups, related meetings, consumer training, peer support, etc. Consumers may drop in on a daily basis and participate, as they are able. Mental Health Clubhouses are not an alternative for day support services. Clubhouses must use International Center for Clubhouse Development (ICCD) standards as guidelines. Services include the following:</p> <ul style="list-style-type: none"><li>• Opportunities to work within the clubhouse, such work contributes to the operation and enhancement of the clubhouse community;</li><li>• Opportunities to participate in administration, public relations, advocacy and evaluation of clubhouse effectiveness;</li><li>• Assistance with employment opportunities: housing, transportation, education and benefits planning.</li><li>• Operate at least ten hours a week after 5:30pm Monday through Friday, or anytime on Saturday or Sunday, and</li><li>• Opportunities for socialization activities</li></ul>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Operate at least ten hours a week that occurs either after 5:30 p.m. Monday through Friday or during any hours on Saturday or Sunday.</li><li>• Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the mental health clubhouse.</li></ul> <p><u>Exclusions:</u></p> <p><u>Notes:</u></p> <ul style="list-style-type: none"><li>• Report N/A for Provider Type when service encounter is a per diem code.</li></ul>		
STAFF QUALIFICATIONS (Provider Type)					
▪ N/A					
MODIFIERS					
None					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
H2031	Mental health clubhouse	Per Diem			

## SERVICE: Mental Health Services in Residential Settings

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>A specialized form of rehabilitation service (non hospital/non IMD) that offers a sub-acute psychiatric management environment. Individuals receiving this service present with severe impairment in psychosocial functioning or have apparent mental illness symptoms with an unclear etiology due to their mental illness. Treatment for these individuals cannot be safely provided in a less restrictive environment and they do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.</p> <p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p> <p>▪ N/A</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Mental Health Care Provider (MHCP) is located on-site a minimum of 8 hours per day, 7 days a week.</li><li>• Services can be provided in an apartment complex or cluster housing, boarding home or adult family home.</li><li>• Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility.</li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• Room and board</li><li>• Holding a bed for a person</li><li>• Temporary shelter services less than 2 weeks (see crisis stabilization instead)</li><li>• Custodial care</li><li>• Medical services (i.e., physical health care or skilled nursing)</li></ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"><li>• Report N/A for Provider Type when service encounter is a per diem code.</li></ul>		
MODIFIERS					
None					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
H0018	Behavioral health, short-term residential	Per Diem	H0019	Behavioral health, long-term residential	Per Diem

**SERVICE: PACT Teams**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
2006 LEGISLATIVE PROVISIO.... Will be further defined.			<u>Inclusions:</u> <ul style="list-style-type: none"><li>Services provided by PACT teams identified in 2006 proviso.</li></ul> <u>Exclusions:</u> <ul style="list-style-type: none"><li>High intensity services <b>not</b> provided by a PACT team identified in 2006 proviso</li></ul> <u>Notes: (For Future Implementation)</u> <ul style="list-style-type: none"><li>Report N/A for Provider Type when service encounter is a per diem code.</li></ul>		
<b>STAFF QUALIFICATIONS</b> Mental Health Professional (MHP), or staff supervised by a MHP.					
▪ N/A					
<b>MODIFIERS</b>					
HK: Modifier to identify specialized mental health program for high-risk populations.					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
H0040	Assertive Community Treatment	Per Diem			

## SERVICE: Peer Support

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>Services provided by peer counselors to individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports.</p> <p>Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor’s own life experiences related to mental illness will build alliances that enhance the individual’s ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc). Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility.</p> <p>Services provided by peer counselors to the consumer are noted in the consumers’ Individualized Service Plan which delineates specific goals that are flexible tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, and indicates where treatment goals have not yet been achieved.</p> <p>Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams.</p> <p>Peer support is available to each enrollee for no more than four hours per day. The ratio for this service is no more than 1:20</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Service availability is up to 4 hours per day.</li><li>• Scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Active participation by enrollees in decision-making and the operation of programmatic supports.</li><li>• Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor’s own life experiences related to mental illness.</li><li>• Services are provided at locations easily accessible, convenient and where people are known to gather (e.g., churches, parks, community centers, etc.).</li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• Services delivered by non-certified peer counselors</li><li>• Outreach by Peer Counselors if prior to intake, unless Non-Medicaid funds are used to pay for service.</li></ul> <p><u>Notes:</u></p>		
<p><b>STAFF QUALIFICATIONS:</b> Staff supervised by a Mental Health Professional.</p>					
<p>Report encounter with the following provider type:</p> <ul style="list-style-type: none"><li>▪ Certified Peer Counselor</li></ul>					
<p><b>MODIFIERS</b></p>					
<p>None</p>					
<p><b>CODING SUMMARY</b></p>					
<p><b>CODES</b></p>	<p><b>Brief Narrative Description</b></p>	<p><b>Unit</b></p>	<p><b>CODES</b></p>	<p><b>Brief Narrative Description</b></p>	<p><b>Unit</b></p>
<p>H0038</p>	<p>Self-help/ peer services</p>	<p>Minutes</p>			



**SERVICE: Psychological Assessment**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to an individual's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.			<u>Inclusions:</u>  <u>Exclusions:</u>   <u>Notes:</u>		
<b>STAFF QUALIFICATIONS:</b> Licensed Psychologist, or staff supervised by licensed psychologist					
Report encounter with one of following provider types: <ul style="list-style-type: none"> <li>▪ MA/PhD</li> <li>▪ Psychiatrist/MD</li> <li>▪ Master Level with Exception/Waiver</li> <li>▪ Other</li> <li>▪ RN/LPN</li> <li>▪ ARNP</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ Below Masters Degree</li> </ul>					
<b>MODIFIERS</b>					
None					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
96101	Testing (Administered by Psychologist/Physician)	Minutes	96116	Neurobehavioral status exam	Minutes
96102	Testing (Administered by technician)	Minutes	96118	Neuropsychological testing (Administered by Psychologist/ Physician)	Minutes
96103	Testing (Administered by computer)	Minutes	96119	Neuropsychological testing (Administered by technician)	Minutes
96110	Developmental testing	Minutes	96120	Neuropsychological testing (Administered by computer)	Minutes
96111	Extended developmental testing	Minutes			

**SERVICE: Rehabilitation Case Management**

DESCRIPTION		GUIDELINES (INCLUSIONS/EXCLUSIONS)			
A range of activities by the outpatient community mental health agency’s liaison conducted in or with a facility for the direct benefit of an individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission to community mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned readmission and to increase the community tenure for the individual.		<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Liaison work between community mental health agency and a facility that provides 24-hour care.</li><li>• Clinical staff going to the facility and functioning as liaison in evaluating individuals for admission outpatient services and monitoring progress towards discharge</li><li>• Available prior to provision of an intake evaluation</li><li>• <b>Assessment for admission to community mental health care (may be counted as an intake when the service meets the intake definition).</b></li></ul> <p><u>Exclusions:</u></p> <p><u>Notes:</u></p> <ul style="list-style-type: none"><li>• Rehabilitation Case Management provided in an IMD is funded as a Non-Medicaid service.</li><li>• For reporting encounters under Rehabilitation Case Management, “facility that provides 24-hour care” includes jail/prison.</li></ul>			
<b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP); or staff supervised by a MHP.					
Report encounter with one of following provider types: <ul style="list-style-type: none"><li>▪ RN/LPN</li><li>▪ Below Masters Degree</li><li>▪ Mental Health Specialist</li><li>▪ Master Level with Exception/Waiver</li><li>▪ MA/PhD</li><li>▪ Other</li><li>▪ Bachelor Level with Exception/Waiver</li><li>▪ Certified Peer Counselor</li></ul>					
<b>MODIFIERS</b>					
None					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
H0023	Behavioral health outreach service	Minutes			

Revised 11/17/2006

**SERVICE: Request for Services**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>A request for mental health services occurs when services are sought or applied for through a telephone call, walk in or written request by the enrollee or those defined as family or upon receipt of an EPSDT referral by a Physician, ARNP, Physician Assistant, trained public health nurse or RN.</p> <p>This service is provided to all individuals seeking non-crisis mental health services.</p>			<p><u>Inclusions:</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     		

Revised 11/17/2006

## SERVICE: Respite Care Services

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)														
<p>A service to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support and monitoring to meet the physical, emotional, social and mental health needs of an individual consumer by someone other than the primary caregivers. Respite care should be provided in a manner that provides necessary relief to caregivers. Respite may be provided on a planned or an emergent basis and may be provided in a variety of settings such as in the consumer or caregiver's home, in an organization's facilities, in the respite worker's home etc. The care should be flexible to ensure that the individual's daily routine is maintained. Respite is provided by, or under the supervision of, a mental health professional. Respite under the Medicaid Waiver is only available to those consumers who do not have this coverage under some other federal program</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Observation, direct support and monitoring to meet needs of an enrollee by someone other than the primary caregivers.</li><li>• Service may be provided on a planned or an emergent basis.</li><li>• Service provided in a variety of settings such as the person’s or caregiver’s home, an organization’s facilities, or in a respite worker’s home.</li><li>• Service provided in a manner necessary to provide relief for the person or caregivers</li><li>• Concurrent or auxiliary services may be provided by staff who are not assigned to provide respite care.</li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• Respite care covered under any other federal program (e.g., Aging and Adult Services, Children’s Administration)</li></ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"><li>• Respite care up to 8 hours is reported as T1005. Respite care of 8 hours or longer is reported as a per diem.</li><li>• Report N/A for Provider Type when service encounter is a per diem code.</li></ul>														
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>																	
<p>Report encounter with one of following provider types:</p> <table><tr><td>▪ RN/LPN</td><td>▪ ARNP</td></tr><tr><td>▪ Psychiatrist/MD</td><td>▪ MA/PhD</td></tr><tr><td>▪ Below Masters Degree</td><td>▪ Other</td></tr><tr><td>▪ Mental Health Specialist</td><td>▪ Bachelor Level with Exception/Waiver</td></tr><tr><td>▪ Master Level with Exception/Waiver</td><td>▪ Certified Peer Counselor</td></tr><tr><td>▪ N/A</td><td></td></tr></table>						▪ RN/LPN	▪ ARNP	▪ Psychiatrist/MD	▪ MA/PhD	▪ Below Masters Degree	▪ Other	▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver	▪ Master Level with Exception/Waiver	▪ Certified Peer Counselor	▪ N/A	
▪ RN/LPN	▪ ARNP																
▪ Psychiatrist/MD	▪ MA/PhD																
▪ Below Masters Degree	▪ Other																
▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver																
▪ Master Level with Exception/Waiver	▪ Certified Peer Counselor																
▪ N/A																	
<p><b>MODIFIERS</b></p>																	
<p>None</p>																	
CODING SUMMARY																	
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit												
S9125	Respite services, in-home	Per Diem	T1005	Respite Services	Minutes												
H0045	Respite services, out of home	Per Diem															

## SERVICE: Special Population Evaluation

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>Evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another CMHA or contracted by the CMHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.</p> <p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional who meets WA requirements for mental health specialist</p> <ul style="list-style-type: none"><li>▪ Mental Health Specialist</li></ul> <p><b>MODIFIERS</b></p> <p>HE: Mental Health Program</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Performed after the initiation of an intake evaluation.</li><li>• Special population evaluation must be provided face-to-face.</li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• MH specialist conducting an intake evaluation.</li><li>• Consultation call where the specialist never directly evaluates the person.</li><li>• Consultation between the specialist and the clinician</li></ul> <p><u>Notes:</u></p>		
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
T1023	Screening for determining appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol	Minutes			

**SERVICE: Stabilization**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)					
<p>Services provided to Medicaid-enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• 24 hours per day/ 7 days per week availability.</li><li>• Services may be provided prior to intake evaluation.</li><li>• Service provided in the person’s own home or another home-like setting, or a setting that provides for safety of the person and the mental health professional.</li><li>• Service is short term (less than 14 days per episode) and involves face-to-face assistance with life skills training and understanding of medication effects.</li><li>• Service provided as follow up to crisis services; and to other persons determined by mental health professional in need of additional stabilization services</li><li>• The following additional services may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services.<ul style="list-style-type: none"><li>○ Intake</li><li>○ Family Treatment</li><li>○ Medication Management</li><li>○ Peer Support</li><li>○ Psychological Assessment</li><li>○ Therapeutic Psychoeducation</li><li>○ Involuntary Treatment Services</li></ul></li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>• Stabilization services less than 24 hours are coded to Crisis Services</li></ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"><li>• Report N/A for Provider Type when service encounter is a per diem code.</li></ul>					
						<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>		
						<p>▪ N/A</p>		
<p><b>MODIFIERS</b></p>								
<p><b>CODING SUMMARY</b></p>								
<p><b>CODES</b></p>	<p><b>Brief Narrative Description</b></p>	<p><b>Unit</b></p>	<p><b>CODES</b></p>	<p><b>Brief Narrative Description</b></p>	<p><b>Unit</b></p>			
<p>S9485</p>	<p>Stabilization</p>	<p>Per Diem</p>						

## SERVICE: Supported Employment

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)												
<p>A service for Medicaid enrollees who are currently not receiving federally-funded vocational services such as those provided through the Department of Vocational Rehabilitation. Services will include:</p> <ul style="list-style-type: none"><li>• An assessment of work history, skills, training, education, and personal career goals.</li><li>• Information about how employment will affect income and benefits the consumer is receiving because of their disability.</li><li>• Preparation skills such as resume development and interview skills.</li><li>• Involvement with consumers served in creating and revising individualized job and career development plans that include;</li><li>• Consumer strengths</li><li>• Consumer abilities</li><li>• Consumer preferences</li><li>• Consumer's desired outcomes</li><li>• Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.</li><li>• Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required.</li></ul> <p>Services are provided by or under the supervision of a mental health professional.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>• Assessment of work history, skills, training, education, and personal career goals.</li><li>• Information about how employment will affect income and benefits the consumer is receiving because of their disability.</li><li>• Preparation skills such as resume development and interview skills.</li><li>• Involvement with consumers served in creating and revising individualized job and career development plans that include;<ul style="list-style-type: none"><li>○ Consumer strengths</li><li>○ Consumer abilities</li><li>○ Consumer preferences</li><li>○ Consumer's desired outcomes</li></ul></li><li>• Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.</li><li>• Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required</li></ul> <p><u>Exclusions:</u></p>												
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>			<p><u>Notes:</u></p>												
<p>Report encounter with one of following provider types:</p> <table><tr><td>▪ RN/LPN</td><td>▪ ARNP</td></tr><tr><td>▪ Psychiatrist/MD</td><td>▪ MA/PhD</td></tr><tr><td>▪ Below Masters Degree</td><td>▪ Other</td></tr><tr><td>▪ Mental Health Specialist</td><td>▪ Bachelor Level with Exception/Waiver</td></tr><tr><td>▪ Master Level with Exception/Waiver</td><td>▪ Certified Peer Counselor</td></tr></table>						▪ RN/LPN	▪ ARNP	▪ Psychiatrist/MD	▪ MA/PhD	▪ Below Masters Degree	▪ Other	▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver	▪ Master Level with Exception/Waiver	▪ Certified Peer Counselor
▪ RN/LPN	▪ ARNP														
▪ Psychiatrist/MD	▪ MA/PhD														
▪ Below Masters Degree	▪ Other														
▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver														
▪ Master Level with Exception/Waiver	▪ Certified Peer Counselor														
<p><b>MODIFIERS</b></p>															
<p>None</p>															
CODING SUMMARY															
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit										
H2023	Supported employment	Minutes	H2025	Ongoing Supports to maintain employment	Minutes										

## SERVICE: Therapeutic Psychoeducation

Description			GUIDELINES (INCLUSIONS/EXCLUSIONS)												
<p>Informational and experiential services designed to aid Medicaid-enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plans of care. These services are exclusively for the benefit of the Medicaid-enrolled individual and are included in the Individual Service Plan.</p> <p>The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one’s disease, the symptoms, precautions related to decompensation, understanding of the “triggers” of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc.</p> <p>Services are provided at locations convenient to the consumer. Classroom style teaching, family treatment, and individual treatment are not billable components of this service</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"><li>Information, education and training to assist enrollees, family members and others identified by the enrollee in the management of psychiatric conditions, increased knowledge of mental illness and understanding importance of the enrollee’s individual service plan.</li><li>Services provided at locations easily accessible and convenient to the enrollee.</li><li>Services may be provided in groups or individually.</li></ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"><li>Classroom style teaching.</li><li>General family or community education not specific to the enrollee.</li><li>Family treatment.</li><li>Individual treatment.</li></ul> <p><u>Notes:</u></p>												
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>															
<p>Report encounter with one of following provider types:</p> <table><tr><td>▪ RN/LPN</td><td>▪ ARNP</td></tr><tr><td>▪ Psychiatrist/MD</td><td>▪ MA/PhD</td></tr><tr><td>▪ Below Masters Degree</td><td>▪ Other</td></tr><tr><td>▪ Mental Health Specialist</td><td>▪ Bachelor Level with Exception/Waiver</td></tr><tr><td>▪ Master Level with Exception/Waiver</td><td>▪ Certified Peer Counselor</td></tr></table>						▪ RN/LPN	▪ ARNP	▪ Psychiatrist/MD	▪ MA/PhD	▪ Below Masters Degree	▪ Other	▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver	▪ Master Level with Exception/Waiver	▪ Certified Peer Counselor
▪ RN/LPN	▪ ARNP														
▪ Psychiatrist/MD	▪ MA/PhD														
▪ Below Masters Degree	▪ Other														
▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver														
▪ Master Level with Exception/Waiver	▪ Certified Peer Counselor														
<p><b>MODIFIERS</b></p>															
<p>None</p>															
CODING SUMMARY															
CODES	Brief Narrative Description	Unit	CODES	Notes	Unit										
H2027	Psychoeducational service	Minutes	H0025	Behavioral health prevention education service	Minutes										
S9446	Patient education	Minutes													



## Appendix A

### CPT/HCPCS Code Table

Note: This table summarizes the CPT/HCPCS codes listed for each of the service descriptions in this manual. The columns titled "Modifier" and "Modifier 2" indicates which modifier(s) can be used with specific CPT/HCPCS codes. The next two columns, "Use Modifier" and "Not Use Modifier" describe if a modifier should or should not be used. When both columns are marked, refer to the specific service description for additional information on when to use or not use a modifier.

Modality	Codes	Modifier	Modifier_2	Use Modifier	Not Use Modifier	Time
Brief Intervention Treatment	90804-90815 H0036 H2014 H2017 H2015 H0004 99241-99245 99251-99255 90846 90847 90849 90853 90857	UA UA UA UA UA UA UA UA UA UA UA UA UA		X X X X X X X X X X X X X		minutes See service description for times
Crisis Services	H2011 H0030	UC		X	X	minutes minutes
Day Support	H2012				X	minutes
Family Treatment	90846 90847				X X	
Freestanding Evaluation and Treatment	H2013	-				per diem
Group Treatment Services	90849 90853 90857				X X X	minutes minutes minutes
Testimony: Hearing for Involuntary Treatment	99075	H9		X		minutes
High Intensity Treatment	S9480 H0040 H2022 H2033				X X X X	per diem per diem per diem minutes
Individual Treatment Services	90804-90829 99075 H0036 H2014 H2017 H2015 H0004	UC		X	X	minutes See service description for specific times

<b>Modality</b>	<b>Codes</b>	<b>Modifier</b>	<b>Modifier _2</b>	<b>Use Modifier</b>	<b>Not Use Modifier</b>	<b>Time</b>
	99241-99245 99251-99255 90889					
Intake Evaluation	90801 90802 H0031 99201-99205 99304-99306 99324-99328	53 53 53 53 53 53	52 52 52 52 52 52	X X X X X X	X X X X X X	minutes See service description for specific times
Integrated SA/MH Screening	H0002	HH		X		minutes
Integrated SA/MH Assessment	H0001	HH		X		minutes
Interpreter Services	T1013				X	minutes
Investigations (For Future Implementation)	S9484	UC		X	X	minutes
Medication Management	T1001 M0064 90772 90862 99211-99215 99307-99310 99334-99337				X X X X X X X	minutes See reporting instructions for times
Medication Monitoring	H0033 H0034				X X	minutes minutes
Mental Health Clubhouse	H2031				X	per diem
Mental Health Services Provided in Residential Settings	H0018 H0019				X X	per diem per diem
PACT Teams (For Future Implementation)	H0040	HK		X		per diem
Peer Support	H0038				X	minutes
Psychological Assessment	96101-96103 96110-96111 96116 96118-96120				X X X X	minutes minutes minutes minutes
Rehabilitation Case Management	H0023				X	minutes
Request for Services	H0046	UB		X		minutes
Respite Care	S9125 H0045 T1005				X X X	per diem per diem minutes
Special Population Evaluation	T1023	HE		X		minutes
Stabilization Services	S9485				X	per diem
Supported Employment	H2023 H2025				X X	minutes minutes

<b>Modality</b>	<b>Codes</b>	<b>Modifier</b>	<b>Modifier _2</b>	<b>Use Modifier</b>	<b>Not Use Modifier</b>	<b>Time</b>
Therapeutic Psychoeducation	H2027 H0025 S9446				X X X	minutes minutes minutes

Revised 11/17/2006

## Appendix B

### *Summary of Changes 11/17/2006* *MHD Service Encounter Reporting Instructions*

<i>Page</i>	<i>Item</i>	<i>Comments</i>	<i>Action</i>	<i>Status/Change</i>
12	Testimony: Involuntary Treatment Services	Report actual time of testimony. This does not include wait time.	Clarification	Add statement under Notes.
15	Individual Treatment Services	Report Writing	Revision	Include code 90889
15	Individual Treatment Services	Clarification of provider types and codes 90804-90829	Clarification	<p>Provider types for codes: 90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827 and 90829:</p> <ul style="list-style-type: none"> <li>▪ Psychiatrist/MD</li> <li>▪ ARNP</li> </ul> <p>Provider types for codes: 90804, 90806, 90808, 90810, 90812, 90814, 90816, 90818, 90821, 90823, 90826, 90828:</p> <ul style="list-style-type: none"> <li>▪ RN/LPN</li> <li>▪ ARNP</li> <li>▪ Psychiatrist/MD</li> <li>▪ MA/PhD</li> </ul>
17	Intake	Correct code value listed under staff qualifications: 99329 should be 99328	Correction	Change code 99329 to 99328
17	Intake	Correct provider types for H0031	Deletion	Remove Psychiatrist/MD as provider type for code H0031.
17	Intake	EP Modifier	Deletion	Remove reference to modifier “EP”. Still under consideration for future implementation.
20	Integrated Substance Abuse Mental Health Screening	Add DMHP to Provider Types	Correction	<p>Report encounter with one of following provider types:</p> <ul style="list-style-type: none"> <li>▪ RN/LPN</li> <li>▪ Psychiatrist/MD</li> <li>▪ Below Masters Degree</li> <li>▪ Master Level with Exception/Waiver</li> <li>▪ Other (clinical staff person)</li> <li>▪ ARNP</li> <li>▪ MA/PhD</li> <li>▪ Mental Health Specialist</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ Designated Mental Health Professional</li> </ul>

<i>Page</i>	<i>Item</i>	<i>Comments</i>	<i>Action</i>	<i>Status/Change</i>				
22	Involuntary Treatment Investigation	UC modifier	Addition	At the time MHD implements this code, use of the modifier to indicate multiple staff involvement for safety purposes will also be included.				
22	Involuntary Treatment Investigation	Under Notes, clarify that code to be implemented at a future date.	Clarification	Added “For future implementation”				
23	Medication Management	Correction: Change unit “per day” to minutes for codes 99308-99310	Correction	Change unit to “minutes” for codes 99308-99310				
27	PACT Teams	Under Notes, clarify that code to be implemented at a future date.	Clarification	Added “For future implementation”.				
30	Rehabilitation Case Management	24 hour care facility to include jail/prison as place of service	Clarification	Add statement under Notes: Facility that provides 24-hour care to include: jail / prison				
31	Request for Services	Revise definition to reflect language in contract amendment	Clarification	A request for mental health services occurs when services are sought or applied for through a telephone call, walk in or written request by the enrollee or those defined as family or upon receipt of an EPSDT referral by a Physician, ARNP, Physician Assistant, trained public health nurse or RN.				
38	Code Table: Intake Evaluation	Clarification – modifiers can be applied to all codes for this service description	Clarification	90801	53	52	X	X
				90802	53	52	X	X
				H0031	53	52	X	X
				99201-99205	53	52	X	X
				99304-99306	53	52	X	X
				99324-99328	53	52	X	X